

# WIC Assessment/Care Plan Form for Children ages 2 – 4

12/2012

Childs name	Date of Birth
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## Desired Health Outcome for Children ages 2 – 4

Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Health Determinant	What to Assess	Cert 1 Date Age_____	Cert 2 Date Age_____	Cert 3 Date Age_____	Cert 4 Date Age_____
Receives ongoing health care	When was your child's last visit to the doctor? <ul style="list-style-type: none"> <li>Routine visit/check-up: write in date</li> <li>Circle R if made referral for doctor visit</li> </ul> Dr. Name _____	R	R	R	R
	May we look over your child's shot record today? <ul style="list-style-type: none"> <li>Immunization record brought in?</li> <li>Immunization record current?</li> <li>Circle R if made referral for immunizations</li> </ul>	Y      N Y      N R	Y      N Y      N R	Y      N Y      N R	Y      N Y      N R
	Has your child seen a dentist? <ul style="list-style-type: none"> <li>Circle R if made referral to dentist</li> </ul> Dentist Name _____	Y      N R	Y      N R	Y      N R	Y      N R
	Has your child had a blood lead screening test done in the past 12 months? <ul style="list-style-type: none"> <li>If no – make referral</li> <li>Circle R if made referral to lead screening</li> </ul>	Y      N R	Y      N R	Y      N R	Y      N R

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 1	Cert 2	Cert 3	Cert 4
Achieves normal growth pattern	Growth Pattern  Trend of growth looking at points over time	Short Stature ≤ 5 <sup>th</sup> percentile height-for-age	121	1A	1A	1A	1A
		At risk of Short Stature >5 <sup>th</sup> and ≤10 <sup>th</sup> percentile height-age	121	1A	1A	1A	1A
		Underweight ≤ 5 <sup>th</sup> percentile BMI-for-age	103	1C	1C	1C	1C
		At risk of Underweight >5 <sup>th</sup> and ≤ 10 <sup>th</sup> percentile BMI-age	103	1C	1C	1C	1C
		Obese ≥95 <sup>th</sup> percentile BMI-for-age	113	1Q	1Q	1Q	1Q
		Overweight ≥ 85 <sup>th</sup> and< 95 <sup>th</sup> percentile BMI-age	114	1R	1R	1R	1R
		Inadequate growth	135	1D	1D	1D	1D
	Physical Activity – What types of activities does your child enjoy?						
TV Time – About how many hours did your child watch television or videos/DVD's yesterday?							

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 1	Cert 2
<b>Remains free from nutrition related illness, complications or injury</b>	Hemoglobin: Every 12 months if normal, • If low – repeat in 6 months	Low Hemoglobin Level < 11.1 (for altitudes < 2999 ft)	201	2H	2H
	<b>Medical Conditions</b>	*Child with fetal alcohol syndrome	382	3G	3G
		Drug/Nutrient Interactions	357	3H	3H
	How is _____ doing?	Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R
		*Failure to thrive	134	3T	3T
		*Hypertension/Prehypertension	345	3V	3V
		Food Allergies	353	4A	4A
	Has your child ever had any health problems, surgery or injuries?	Lactose Intolerance	355	4A	4A
		Celiac Disease	354	4A	4A
		*Inborn errors of metabolism	351	4B	4B
		*Cancer	346	4C	4C
		*Renal Disease	347	4C	4C
	Have you ever been told by a doctor that your child has any medical problems?	*Other Medical Conditions	360	4C	4C
		*Gastrointestinal Disorders	342	4D	4D
		*Nutrient Deficiency Diseases	341	4D	4D
		*Diabetes	343	4F	4F
		*Thyroid disorders	344	4F	4F
	Does your child take any type of medication?	*Hypoglycemia	356	4F	4F
		*Central Nervous System disorders	348	4G	4G
		*Genetic/Congenital disorders	349	4G	4G
		Developmental Delays	362	4G	4G
		Depression	361	4J	4J
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?				
	Result of blood lead test	Blood lead level >10 ug/dl	211	2L	2L
	Does your child have problems with his/her teeth?	Dental Problems	381	4H	4H
	Family & social environment	Homeless	801	8A	8A
		Migrant	802	8A	8A
		Foster care: new or change in past 6 mo	902	4E	4E
		Child of limited ability caregiver	903	4E	4E
		Recipient of Abuse	901	4X	4X
	What else can I help you with?				
	Does anyone living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4S	4S
	Food Safety	Feeding potentially contaminated foods	425.5	5H	5H
		PICA – ingestion of nonfood items	425.9	5Q	5Q
<b>Consumes a variety of foods to meet energy and nutrient requirements</b>	Nutrition practices	Diet very low calories/ nutrients; not providing essential dietary supplements	425.6	5L	5L
	Nutrition Survey Questions	Using Inappropriate beverages as primary milk source	425.1	5N	5N
		Routinely Feeding child sugar-containing fluids	425.2	5S	5S
		Failure to Meet Dietary Guidelines • Use ONLY if no other risk criteria identified	401	9X	9X
	Do you have enough food in the house?	Client has food security concerns		Y N	Y N
<b>Achieves developmental milestones including self-feeding</b>	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	5K	5K
	Nutrition Survey Questions	Using feeding practices that disregard developmental needs of stages of child	425.4	5T	5T
On WIC in another state and has valid Verification of Certification but specific risk criteria not available		Transfer of Certification	502	8B	8B

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Cert 3	Cert 4
Remains free from nutrition related illness, complications or injury	Hemoglobin: Every 12 months if normal • If low repeat in 6 months	Low Hemoglobin Level < 11.1 ( for altitudes < 2999 ft)	201	2H	2H
	Medical Conditions	*Child with fetal alcohol syndrome	382	3G	3G
		Drug/Nutrient Interactions	357	3H	3H
	How is _____ doing?	Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R
	Has your child ever had any health problems, surgery or injuries?	*Failure to thrive	134	3T	3T
		*Hypertension/Prehypertension	345	3V	3V
	Have you ever been told by a doctor that your child has any medical problems?	Food Allergies	353	4A	4A
		Lactose Intolerance	355	4A	4A
	Does your child take any type of medication?	Celiac Disease	354	4A	4A
		*Inborn errors of metabolism	351	4B	4B
	Has your child been seen by a doctor or other healthcare professional in the last 6 months?	*Cancer	346	4C	4C
		*Renal Disease	347	4C	4C
		*Other Medical Conditions	360	4C	4C
		*Gastrointestinal Disorders	342	4D	4D
		*Nutrient Deficiency Diseases	341	4D	4D
		*Diabetes	343	4F	4F
		*Thyroid disorders	344	4F	4F
		*Hypoglycemia	356	4F	4F
		*Central Nervous System disorders	348	4G	4G
		*Genetic/Congenital disorders	349	4G	4G
		Developmental Delays	362	4G	4G
		Depression	361	4J	4J
	Result of blood lead test	Blood lead level >10 ug/dl	211	2L	2L
	Does your child have problems with his/her teeth?	Dental Problems	381	4H	4H
	Family & social environment	Homeless	801	8A	8A
		Migrant	802	8A	8A
	What else can I help you with?	Foster care: new or change in past 6 mo	902	4E	4E
		Child of limited ability caregiver	903	4E	4E
	Does anyone living in the household smoke inside the home?	Recipient of Abuse	901	4X	4X
		Environmental tobacco smoke	904	4S	4S
	Food Safety	Feeding potentially contaminated foods	425.5	5H	5H
		PICA – ingestion of nonfood items	425.9	5Q	5Q
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet very low calories/ nutrients; not providing essential dietary supplements	425.6 425.8	5L	5L
		Using Inappropriate beverages as primary milk source	425.1	5N	5N
	Nutrition Survey Questions	Routinely Feeding child sugar-containing fluids	425.2	5S	5S
		Failure to Meet Dietary Guidelines • ONLY if no other risk criteria identified	401	9X	9X
	Do you have enough food in the house?	Client has food security concerns		Y N	Y N
Achieves developmental milestones including self-feeding	Nutrition practices	Improper use of bottles, cups or pacifiers	425.3	5K	5K
	Nutrition Survey Questions	Using feeding practices that disregard developmental needs of stages of child	425.4	5T	5T
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High Risk Care Plan	Is child under routine care of health care provider      Y      N Discuss current plan of care	
* risk codes	Parent Understanding of plan of care Referral/follow-up	
<b>Cert 1</b>  Staff initials   2nd N Ed Staff initials & date	Parent wants to work on   Staff concern   Follow-up at next visit   Materials Provided	Progress
<b>Cert 2</b> Staff initials   2nd N Ed Staff initials & date	Parent wants to work on   Staff concern   Follow-up at next visit   Materials Provided	Progress
<b>Cert 3</b> Staff initials   2nd N Ed Staff initials & date	Parent wants to work on   Staff concern   Follow-up at next visit   Materials Provided	Progress
<b>Cert 4</b> Staff initials   2nd N Ed Staff initials & date	Parent wants to work on   Staff concern   Follow-up at next visit   Materials Provided	Progress